

CHS August 2017-August 2018 Membership Application

(Please print very clearly!! Thank you!)

Mail to CHS, P.O. Box 2085, Stillwater, MN 55082 with check and completed liability form
\$40 if received by August 31, 2016, \$50 afterwards

Last Name _____ Mom _____ Dad _____

Street Address _____ City _____ State/Zip _____

Dad's email (optional) _____ Mom's E-mail _____ Mom's B-day _____

Mom's Cell Phone _____ Home Phone _____

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ Grade _____

(Please * if child is not home educated.)

(Continue on the back of this page if God has blessed you even more abundantly!)

Are you: New to CHS or Returning to CHS ?

This is my (circle one) 1st / 2nd / 3rd / 4th / 5th / 6th _____ (?) year of homeschooling!

-- MINISTRY OF HELPS: (returning members) How did serve CHS last year? _____

-- How will you serve this year? _____

-- Are you or your spouse in full time ministry (ex: pastor or missionary)? _____

-- If so, where? _____

By signing this form you indicate your agreement with Christian Homeschools of Stillwater's Statement of Purpose and Membership Agreement. This form must be signed to complete application.

CHS Statement of Purpose & Membership Agreement

The purpose of Christian Homeschools of Stillwater (CHS), a Minnesota non-profit corporation is to support and inform its members in the following areas: 1. Home Education 2. Christian Worldview 3. Parental and Personal Responsibility

All activities through CHS must be in compliance and not contrary to the Statement of Purpose.

We believe the traditional family is the foundation of society and support the Biblical definition of marriage as being that of one man married to one woman. We believe parents have the God-given responsibility to determine the proper education for their children and that parents, not government, should determine the curriculum and standards for their own children. Home education takes place when children are primarily taught under the authority of their own parents in their own home.

Signature _____ Date _____

For Treasurer's Use:

Make checks out to CHS

Date:

Amount:

Check#

The following information is optional and will be compiled and available in our website directory:

Curriculum used? _____

(Saxon, Far Above Rubies, Apologia, My Father's World, etc....)

Kids for Hire: (Please list child's name and age in the appropriate blank)

Babysitting _____

Computer Help/Repair _____

Dog Walking _____

House sitting _____

Cleaning _____

Pet Sitting _____

Mother's Helper _____

Yard Work/Shoveling _____

Other _____

Business Directory Listing? (Please limit entries to you, your spouse, or your children)

Business Name _____

Nature of Business _____

(painting, building, computer help, etc)

Contact at Business _____

email _____

Phone Number _____

Liability Waiver for Students/Friends Participating in CHS Sponsored Events

Please make copies of waiver for guests of CHS students participating in
~ Christian Homeschools of Stillwater ~

We understand that our participation in any activity sponsored by Christian Homeschools of Stillwater (hereafter called CHS) may incur risk, however slight, or injuries to ourselves or our child(ren), or theft or damage to personal property. We agree for ourselves and our child(ren) participating in activities with CHS to hold harmless CHS or the owners of any facility we utilize and all members, workers, and employees of these entities from any and all liability whatsoever for any injury, condition, or other problem associated with the child's participation in activities of said CHS, I hereby for myself, my child(ren), my heirs, executors and administrators, waive and release any and all injuries or losses suffered by myself or my child(ren) at any activity sponsored by CHS. I agree to assume all financial responsibility for the medical expense incurred, as a result of said CHS activities, for the care of myself, my spouse, or my child(ren).

Student's Names: _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Resource Library Guidelines

By signing below, I agree to abide by the following Resource Library Guidelines:

1. You must be a current member to use the resource library.
2. When checking out items, you will need to wear your name tag.
3. Materials may be checked out for one month and will be due at the next month's meeting.
4. If you can't make a meeting, items should be dropped off prior to our meeting at Jana Isaac's at 5727 Roscoe Road, Pine Springs in bins on their porches.
5. For items not returned on time, there will be a \$1 charge per item, per month.
6. Due to copyright laws, please remember nothing can be copied.
7. Please limit yourself to 10 items per month.

Signature indicating agreement: _____

E-Group Mailing List

Name: _____ E-MailAddress: _____

Name: _____ E-Mail Address: _____

(second email address is optional if another family member would like to be a part of the e-group list)

Even if you currently receive e-mail from our group, you need to fill this out and turn it in to continue to do so. All current but unconfirmed e-addresses will be removed from our list of e-group members in September. If you are not getting email, contact Mara Metraus.